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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *CEP*

This application is a CON of 10/199,594 07/19/2002 ABN  
 which is a DIV of 09/344,992 06/25/1999 PAT 6,421,847

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *CEP*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 11	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>CEP</i>	Initials	

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## TITLE

Household liquid dispensing system

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